



The form which follows is a sample only. To obtain an official copy of this form, please contact the Division of Soil and Water Conservation at:

203 Governor Street, Suite 206
Richmond, Virginia 23219
804.786.2064

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86) Penalty for presenting fraudulent claim: Fine of not more than \$10,000 or imprisonment of not more than five years or both (18 USC 287).

<div>(1) Program Year</div> <div>Name & Address</div> <div>Phone #</div> <div>S. S. # or Tax ID #</div> <div>County</div>					FSA Farm No. A	FSA Tract No. B	Field No. C	DCR Spec No. D	Extent Requested E	Hydrologic Unit F	SWCD Contract Num G	Plan Written Date H			
<div>SAMPLE</div> <div>(2) APPLICANTS REQUEST: I request funding under the State Agricultural Cost-Share, for the listed contractual practices. I agree to implement these practices according to state specifications for a three-year contract period. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices during the contract period. I understand that the VA AG. BMP Cost-Share Program has a \$50,000 per applicant per year (July 1 thru June 30) cost-share limit, and I certify that I will not receive more than that amount this program year from all combined SWCD sources.</div>			1												
			2												
			3												
			4												
			5												
<div>(3)</div> <div>Early Planting Date Acres I</div> <div>Acres of Rye Approved J</div> <div>Acres planted on same fields K</div> <div>Extent Technically Authorized L</div> <div>S&R Erosion Reduction (T/ac/yr) M</div> <div>Gross Erosion Reduction (Tons/yr) N</div> <div>Distance to Stream (feet) O</div> <div>Relief to Stream (feet) P</div> <div>USGS Topo Map Name Q</div> <div>WQI / HEL R</div> <div>NAD 83 Coordinates Row UTM S Column UTM T</div> <div>STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.</div>			1									Reviewed by:			
2											Date:				
3											Title:				
4											Comments				
5															
<div>(4) AUTHORIZATION</div> <div>Your request form has been:</div> <div><input type="checkbox"/> Approved to the extent shown in section L</div> <div><input type="checkbox"/> Not approved</div> <div>Contract Completion Date: _____</div> <div>District Authorization by _____ Date _____ (SWCD Director)</div>			(5)	C-E Factor U	Dollar Amount Approved for BMP Installation V	Extent Installed (No.) W	Acres Benefited X	SWCD Cost Share Payment Y	Voluntary Acres Implemented Z	<div>(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION: I certify that this practice has been installed according to applicable practice standards and specifications.</div> <div>Name _____ Date _____</div> <div>Comments:</div>			Total Projected Year 1 Contract Costs by Contract Number: AA	Total Projected Year 2 Contract Costs by Contract Number: AB	Total Projected Year 3 Contract Costs by Contract Number: AC
<div>(6) PARTICIPANT PRACTICE INSTALLATION CERTIFICATION: I certify that the information (column W) is true and correct. I have implemented the first year practice and agree to implement this contractual practice for the three-year life of the contract in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications during the three-year contract period. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.</div> <div>Sign Here : _____ Date: _____</div>			(8) District Payment/Completion Information 1 st Year		District Payment/Completion Information 2 nd Year			District Payment/Completion Information 3 rd Year			Tax Credit Amount Granted				
			Pmt. Amt	Comp./Pmt Date	Check #	Pmt. Amt	Comp./Pmt Date	Check #	Pmt. Amt.	Comp./Pmt Date	Check #	Date	Amount		
			1												
			2												
			3												
4															
5															